

**2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M21000005424

**Entity Name:** MAXIM HAIR RESTORATION, LLC

**Current Principal Place of Business:**

5566 BROADCAST CT  
SARASOTA, FL 34240

**Current Mailing Address:**

72-11 AUSTIN ST.  
NO. 337  
FOREST HILLS, NY 11375 US

**FEI Number:** 30-0874051

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
155 OFFICE PLAZA DR., 1ST FLOOR  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JODY MOUA

07/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FADRA, MAC  
Address        72-11 AUSTIN ST.  
                  NO. 337  
City-State-Zip: FOREST HILLS NY 11375

Title           MEMBER  
Name           ELECTIVE HEALTH CARE, LLC  
Address        72-11 AUSTIN ST.  
                  NO. 337  
City-State-Zip: FOREST HILLS NY 11375

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAC FADRA

MANAGER

07/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date